



Building Department
302 North Main Street
Culpeper, VA 22701
540/727-3405 fax 540/727-3461
www.culpepercounty.gov

Culpeper County RESIDENTIAL BUILDING PERMIT APPLICATION

Applicant must submit County or Town Zoning Permit with this application.

RESIDENTIAL PLAN & APPLICATION CHECK LIST

This checklist will help you in acquiring the proper documents and the information needed for plan submission.

Application should reflect actual work being performed.

Incomplete or incorrect information may delay the Plan Review Process.

- ☐ Zoning Permits from the Town or County of which you reside must accompany building application¹
When applying for your Zoning permit check with your local Zoning office for information regarding their requirements.
- ☐ Two copies of your Plat.¹ showing location of the building placement and total sq. feet of the project.
- ☐ Administrative Fee of \$75.00 is due at time of submission of plans.
- ☐ 3 sets of plans in ink, legible, minimum 1/4" scale (1/4" equals to 1 foot.), and must not be drawn on paper smaller than 11X17
- ☐ For County Residences a copy of the Health Permit for water/septic² (required if adding a bedroom)
- ☐ If new structure or addition, list the number of bedrooms & bathrooms
- ☐ Foundation: ☐ crawl space or ☐ basement
- ☐ Foundation: ☐ poured concrete, ☐ concrete block, ☐ pre-cast
- ☐ Registered Designer Professional's **original** seal (if applicable) signed and dated.
(Information to include name, address, phone number, occupation & VA State License number.)
- ☐ Specify Building Code the plans are designed ☐ 2006.

FOR MANUFACTURED AND INDUSTRIALIZED HOMES ONLY

Modular Homes are Industrialized Homes. You will need to know if foundation will be set on frame or off frame.

Single or Double-wide Homes are Manufactured Homes and you must know if the home is HUD approved. A professional engineer seal must be on plans submitted.

***(FOR INDUSTRIALIZED & MANUFACTURED HOMES--By law, there must be a minimum 3' x 3' landing at the door or not less than the width of the door being served. Drawing for this landing must accompany the plans for Industrialized and Manufactured homes. The application must list the size of the landing on page 3.) Our Deck Package is acceptable for a free-standing deck.**

**Due to the complexity of PLAN SUBMISSION--HOURS 9:00 a.m. to 3:30 p.m. daily.
Appointments can be arranged by calling our office @ 540-727-3405, option 7.**

Address and Phone Number of Associated Departments

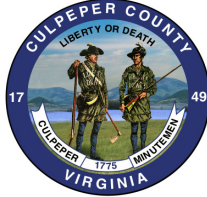
¹ Town of Culpeper Zoning Office
400 S. Main Street • Culpeper, VA 22701
(540) 829-8260
www.Culpeper.to

Culpeper County Zoning Office
302 N. Main Street • Culpeper, VA 22701
(540) 727-3404 FAX (540) 727-3461
www.culpepercounty.gov

² The Virginia State Health Department
640 Laurel Street • Culpeper, VA 22701
(540) 829-7466

Miss Utility dial 811

Department of Development
Office of the Building Official
302 North Main Street
Culpeper, VA 22701
540/727-3405 fax 540/727-3461
www.culpepercounty.gov



PERMIT NUMBER _____

Culpeper County

RESIDENTIAL BUILDING PERMIT APPLICATION

Applicant must submit County or Town Zoning Permit with this application.

Application should reflect actual work being performed.

Not completing this Application completely may cause delay in the plan review process.

CODE USED

☐ 2006 IRC (International Residential Code)

USE GROUP Residential is R-5

COUNTY RESIDENTS ONLY

☐ Health Permit Number _____

☐ Number of Bedrooms _____

Type of water supply: ☐ Public ☐ Community Well ☐ Private (well)

Type of sewage: ☐ Public ☐ Alternative sys. ☐ Private (septic tank)

☐ Special Conditions _____

If applicable, Master Plan County Registered # _____

Power Company: ☐ Dominion Power ☐ Rappahannock Electric ☐ Town of Culpeper

Size of Service _____ Amps _____ Access Code _____

Information requested is required.

OWNER _____

Address: _____

City/Town _____ State _____ zip code _____

Date of Birth: _____ / _____ / _____

Month / Date / Year(ex.1960).

As the owner of this property, I have assigned the following Contractor/Agent to pull this Building Permit on my behalf.

Date: _____

Signature: _____

Representative/Agent Name _____

Telephone: _____

Email Address: _____

Site Address: _____

Directions: _____

Information requested is required.

CONTRACTOR _____

Address: _____

City/Town _____ State _____ zip code _____

Business Phone: _____

License No. _____ Class _____ Expiration: _____

Contract Amt\$ _____ Total Sq.Ft. _____

Estimated Time of Construction: _____

CONTACT PERSON _____

Person to answer Plan Review Questions & Permit Pick UP

CONTACT DAY PHONE: _____

CONTACT CELL PHONE: _____

Email Address: _____

Completed by intake Permit Technician

☐ Contractor License verified _____ (P/T Initial)

IMPORTANT NOTICE: It is the responsibility of the person issued this permit to insure adherence to all zoning and building regulations. It is the responsibility of the person issued this permit to schedule all necessary inspections and understand a final inspection will be necessary to close this permit.

Refunds will be paid only if no work is performed and must be submitted in writing within six (6) months of expiration, revocation or discontinuance. Building Official reserves the right to assign fees not shown.

Owner or Authorized Agent _____ **Date** ____/____/____

Owner/Agent - Print Name _____ **Accepted by:** _____ **Permit Tech**

PERMIT NUMBER _____

- | | |
|--|---|
| <input type="checkbox"/> Single Family Dwelling | <input type="checkbox"/> Addition description _____ |
| <input type="checkbox"/> Townhouse | <input type="checkbox"/> Remodel description _____ |
| <input type="checkbox"/> Industrialized (Modular) Home* | <input type="checkbox"/> Repair/Replacement of _____ |
| <input type="checkbox"/> Manufactured (Single/Doublewide) Home* HUD | <input type="checkbox"/> Garage <input type="checkbox"/> Attached <input type="checkbox"/> Detached _____ |
| <input type="checkbox"/> Duplex <input type="checkbox"/> Other _____ | |

*(FOR INDUSTRIALIZED & MANUFACTURED HOMES--By law, there must be a minimum 3' x 3' landing at the door or not less than the width of the door being served. Drawing for this landing must accompany the plans for Industrialized and Manufactured homes. The application must list the size of the landing on page 3.) Our Deck Package is acceptable for a free-standing deck.

Number of Bedrooms _____ Full Baths _____ Half Baths _____

| <u>Important to list exactly as shown on your plans.</u> | <u>YES</u> | <u>Description, if applicable</u> | <u>Lien Agent Information</u> |
|---|-------------------|--|---|
| <u>Type of Foundation*</u> | | | |
| Masonry | | | None Designated <input type="checkbox"/> |
| Formed Cement | | | |
| Pre-cast Concrete | | | Name: |
| Pressure Treated Wood | | | Street Address: |
| | | | City, State, Zip |
| Modular: On Frame | | | Telephone No. |
| Off Frame | | | Fax Number |
| <u>Type of Wall Construction</u> | | | |
| Wood Frame | | | IF MANUFACTURED (SINGLE OR DOUBLEWIDE) |
| Masonry Bearing | | | HUD Approved <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Seal on plans |
| Structural Steel | | | |
| Reinforced Concrete | | | |
| Other - Specify | | | |
| <u>Exterior Finishes</u> | | | |
| Brick | | | |
| Wood | | | |
| Vinyl | | | |
| Aluminum | | | |
| Stone | | | |
| Other-Specify | | | |
| <u>Type of Wall Heating</u> | | | |
| Gas | | | |
| Oil | | | |
| Electric Baseboard | | | |
| Electric Furnace | | | |
| Heat Pump | | | |
| Other-Specify | | | |
| <u>Type of Mechanical</u> | | | |
| Air Conditioning | | | |
| Elevator | | | |
| Gas Line | | | |
| Other-Specify | | | |
| <u>Type of Construction</u> | | | |
| Building Height | —→ | | |
| Building Area | —→ | | |
| Number of Stories | —→ | | |
| Number Dwelling Units | —→ | | |
| Floor Live Load | —→ | | |
| Roof Live Load | —→ | | |
| Alarm System | | | |
| Manufactured Trusses | | | |
| Slab | | | |

ADMINISTRATIVE FEE SCHED

Customer
to mark all
that applies

PERMIT # _____

| Permit Fee Schedule | YES | | | Actual Sq. Ft. PROVIDED BY PLAN REVIEWER | Actual Permit Fee ADMINISTRATIVE USE ONLY | Remarks |
|--|-----|--|------------------------|--|---|---------|
| Finished Basement | | | \$.15 / sq.ft | | | |
| Unfinished Basement | | | \$.15 / sq.ft | | | |
| 1 st Floor | | | \$.15 / sq.ft | | | |
| 2 nd Floor | | | \$.15 / sq.ft | | | |
| 3 rd Floor | | | \$.15 / sq.ft | | | |
| Attached Garage | | | \$.15 / sq.ft | | | |
| Detached Garage | | | \$.10 / sq.ft | | | |
| Basement Garage | | | \$.15 / sq.ft | | | |
| Deck #1 | | | \$.10 / sq.ft | | | |
| Deck #2 | | | \$.10 / sq.ft | | | |
| Porch | | | \$.10 / sq.ft | | | |
| Stoop | | | \$.10 / sq.ft | | | |
| Sun Room | | | \$.15 / sq.ft | | | |
| Other-Specify | | | | | | |
| Accessory Building | | | \$.10 / sq.ft | | | |
| Chimney | | | \$ 25.00 ea | | | |
| # of Fire Places | | | \$ 25.00 ea | | | |
| # of Flues | | | \$ 25.00 ea | | | |
| Other (specify) | | | | | | |
| | | | TOTAL | | | |
| Administrative Fee Schedule | | | | | | |
| Certificate of Occupancy | | | 10.00 | | | |
| Temporary Certificate of Occupancy | | | 25.00 | | | |
| Site Work | | | 15.00 | | | |
| Setback | | | 15.00 | | | |
| Review Plan | | | 75.00 | | 75.00 | |
| Other-Specify | | | | | | |
| Copies 8 x 11 | | | \$.25 each page | | | |
| Copies 11 x 17: | | | \$2.00 each page | | | |
| SUBTOTAL Building Fees | | | \$ | | \$ | |
| State Levy per USBC | | | 2.0% | | | |
| TOTAL Building Fees | | | | | \$ | |
| Zoning | | | 50.00 | | | |
| Agreement in Lieu of Plan | | | 100.00 | | | |
| Site Plan | | | 40.00 | | | |
| TOTAL ALL FEES | | | \$ | | \$ | |
| LESS ADMINISTRATIVE FEE If applicable | | | Date Paid Amt. Paid | | () | |
| TOTAL PERMIT FEE | | | | | | |

☐ OWNER (Acting as Contractor) - AFFIDAVIT

I _____ of (address) _____ affirm that I am the owner of a certain tract or parcel of land located at _____ in the County of Culpeper and that I have applied for a building permit to erect a structure on said land or repair or improve an existing structure on said land.

I affirm that I am aware of the provisions of Title 54.1, Chapter 11, Code of Virginia that requires a contractor to be properly licensed before he may bid or undertake contracting work of \$1,000 or more. I further certify that I am familiar with the responsibilities of an awarding authority specified in Section 54.1111 of the Code which prohibits any awarding authority from issuing permits or allowing the issuance of such permits to any contractor not properly licensed under the provisions of the Code, and that to do so would constitute the commission of a misdemeanor.

I affirm that I understand that a contractor must be licensed as a **Class C** contractor for any job of \$1,000 or more, but less than \$7,500; that a contractor must be licensed as a **Class B** contractor for any job of \$7,500 or more but less than \$120,000; and that a contractor must be licensed as a **Class A** contractor for any job of \$120,000 or more.

This permit becomes null and void if work or construction authorized is not commenced within 6 months after permit issuance, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced. A renewal fee of \$25.00, plus 2.0% State surcharge (\$25.50) shall be applied for 6-month period of inactivity, not to exceed the initial cost of the permit.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Owner

Print Name

Date

☐ CONTRACTOR – AFFIDAVIT

I _____ of (address) _____ affirm that I have entered into a contract with (name and address of owner) _____ and that I have applied for a building permit to erect a structure or repair or improve an existing structure on said land known as (site address) _____.

I affirm that I am aware of the provisions of Title 54.1, Chapter 11, Code of Virginia that requires a contractor to be properly licensed before he may bid or undertake contracting work of \$1,000 or more. I further certify that I am familiar with the responsibilities of an awarding authority specified in Section 54.1111 of the Code which prohibits any awarding authority from issuing permits or allowing the issuance of such permits to any contractor not properly licensed under the provisions of the Code, and that to do so would constitute the commission of a misdemeanor.

I affirm that I understand that a contractor must be licensed as follows (please indicate your class); ☐ **Class C** contractor for any job of \$1,000 or more, but less than \$7,500; ☐ **Class B** contractor for any job of \$7,500 or more but less than \$120,000; and ☐ **Class A** contractor for any job of \$120,000 or more.

I affirm that I am duly licensed under the terms of Title 54.1, Chapter 11, Code of Virginia to carry out or superintend this work; OR I am not subject to licensure as a contractor, subcontractor, or owner-developer pursuant to such title. I affirm that I have paid in full any license fees required by any county, city, or town so as to qualify me to bid upon or contract for the work for which this permit has been applied.

This permit becomes null and void if work or construction authorized is not commenced within 6 months after permit issuance, or if construction or work is suspended or abandoned for a period of 6 months at any time after work is commenced. A renewal fee of \$25.00, plus 2.0% State surcharge (\$25.50) shall be applied for 6-month period of inactivity, not to exceed the initial cost of the permit.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not, the granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

Signature of Contractor/Authorized Agent

Print Name

Date